

CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

FORM APPROVED OMB NO 3090-0007

SECTION I - GENERAL INFORMATION

1. NAME AND ADDRESS (Street, City, State and ZIP Code)

2. TYPE OF ORGANIZATION

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

OTHER (Specify)

INCORPORATION
(If Applicable)

2.a. DATE ORGANIZATION ESTABLISHED STATE OF

1.a. LOCATION OF BRANCHES (Specify City and State)

3. KIND OF BUSINESS

MANUFACTURES

JOBBER

CONTRACTOR

WHOLESALE

RETAILER
OTHER

(specify)

4. OWNERSHIP INFORMATION - GENERAL PARTNERS - PRINCIPAL STOCKHOLDERS- PARENT

NAME

TITLE (If Director so state)

%

BUSINESS OWNED

5. NAME AND ADDRESS OF PARENT (if applicable)

6. KIND OF PRODUCT OR SERVICE PROVIDED

SECTION II - SUPPLIERS AND BANKING INFORMATION

1. PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIERS (Not less than 5)

LARGEST AMT NAME OWING PAST 12 MONTHS	TELEPHONE NO.	CONTACT PERSON	ADDRESS (Street, City, and ZIP Code)	AMOUNT NOW OWING

2. BANKING RELATIONS (Including Finance Companies)

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3. ARE YOU NOW IN, PENDING DEFAULT ON ANY OBLIGATIONS TO BANKS OR OTHER FINANCIAL INSTITUTIONS?

☐ YES ☐ NO (If "YES," provide detailed information, Section VII, Remarks on page 4)

4. PROSPECTIVE CONTRACTOR'S FINANCIAL ARRANGEMENTS (check appropriate boxes)

A. USE OF OWN RESOURCES ☐ YES ☐ NO B. USE OF BANK CREDITS ☐ YES ☐ NO

SECTION III - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

1. TO BE REQUESTED IN CONNECTION WITH PERFORMANCE

1a, b, and c
OF PROPOSED CONTACT (Check)

a. PROGRESS PAYMENT

b. GUARANTEED LOAN

c. ADVANCE PAYMENTS

2. EXPLAIN ANY "YES" ANSWERS TO ITEMS

YES NO

3. FINANCIAL AID CURRENTLY OBTAINED FROM THE GOVERNMENT

a. IS GOVERNMENT FINANCING BEING RECEIVED BY YOU (b) IN USE AT PRESENT?	COMPLETE ITEMS BELOW ONLY IF ITEM a IS MARKED "YES"				
	b. IS LIQUIDATION CURRENT?	c. AMOUNT OF UNLIQUIDATED PROGRESS PAYMENTS OUTSTANDING	DOLLAR AMOUNTS	(a) AUTHORIZED	
\$ <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		1. GUARANTEED LOANS	\$	
			2. ADVANCE PAYMENTS	\$	

Total property, plant and equipment _____		Total Other Liabilities _____	

Other Assets			
Investments in and advances to affiliated _____		Total Liabilities	
_____ company _____			
Goodwill, less amortization _____			
Due from officers, employees _____		Minority Interest	
in subsidiary _____			
Other (Itemize) _____			
Stockholder/owners equity _____		Preferred Stock	
_____		Common Stock	
_____		Additional	
paid-in capital _____		Retained	
_____		Less Treasury	
earnings _____			
_____		Total	
stock _____			

stockholders/owners equity _____			

Total other assets _____			
TOTAL ASSET \$ _____		TOTAL LIABILITIES	
		AND OWNERS EQUITY	
		\$ _____	

2. INVENTORY VALUATION METHOD (Check)

☐ FIFO☐ LIFO☐ AVERAGE COST☐ OTHER (Specify)3. PAST
DUE
ACCOUNTSACCOUNTS
PAYABLE \$ACCOUNTS
RECEIVABLE \$

4. CONTINGENT LIABILITIES

5. JUDGMENTS OR PENDING SUITS
☐ YES ☐ NO
(If "yes" explain on page 4)6. HAVE YOU OR ANY OF YOUR AFFILIATES EVER FILED FOR
BANKRUPTCY? IF YES. PLEASE EXPLAIN IN SECTION VII OF PAGE 4.☐ YES ☐ NO7. ~~LOANS SECURED BY COMPANY'S ASSETS-REAL AND PERSONAL PROPERTY~~

SECURED PARTY

SECURING ASSETS (Specify by balance sheet category)

DUE DATE

MONTHLY PAYMENT

(a)

(b)

(c)

(d)

(e) Are any of the assets shown on the Balance Sheet pledged, mortgaged or otherwise hypothecated, except as stated above? ☐ Yes ☐ No. If "yes" explain on page 4. If applicant is a partnership or sole proprietorship, are the individual liabilities of the proprietor(s) for Federal and State income and/or excess profit taxes included on the balance sheet? ☐ Yes ☐ No. If "no" what is the total liability?

\$ _____

SECTION V - INCOME STATEMENT

1. FROM TO

Net Sales
ANTICIPATED

\$ _____

COST AND EXPENSES
DOLLARCost of products and services sold excluding
FORECAST depreciation and amortization
18 MONTHS

Depreciation and Amortization

Selling, general and administrative expense
Interest Expense

Other expenses (itemize)

prepared or

accountants and

accountant or

Minority interests in earnings of
subsidiaries

Total costs and expenses

2. SALES BACKLOG AND SALES FORECAST

CATEGORY

CURRENT DOLLAR

ADDITIONAL

(PRIME AND

BACKLOG OF

SALES

SUBCONTRACT)

SALES

FOR NEXT

a. GOVERNMENT

\$

\$

b. COMMERCIAL

\$

\$

TOTAL

\$

\$

3. When financial statements are

certified to by independent

transcribed to this form, please furnish
the name and address of
accounting firm

Name _____

Address _____

City, State and

and Zip Code _____

EARNINGS BEFORE TAXES ON INCOME

Taxes on Income _____

Income before extraordinary items _____

Extraordinary gains (losses) net of taxes _____

from

describe

NET INCOME _____

If transcribed statements differ
independent accountants, please
adjustments.

SECTION VI - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (PBS ONLY)

1. CONTRACTS IN FORCE

LOCATION (a)	OWNER'S NAME AND ADDRESS (b)	BRANCH OF WORK(c)	CONTRACT AMOUNT (d)	% COMP. (e)	EST.COMP.DATE (f)

2. LIST THE FIVE LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS

LOCATION	OWNER'S NAME AND ADDRESS	BRANCH OF WORK	CONTRACT AMOUNT	AMOUNT SUBLET

3. LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

NAME	TELEPHONE NO.	CONTACT PERSON	ADDRESS(Street, City, ZIP Code)

4. CHECK PROPER BOX (Explain each "YES" under Remarks)

A. HAVE YOU DURING THE PAST TWO YEARS BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS?

☐ YES ☐ NO

B. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED?

☐ YES ☐ NO

SECTION VII - REMARKS

1. REMARKS (Cite those sections of the form relating to your remarks. If additional space is required attach additional sheet(s)).

CERTIFICATION

For the purpose of establishing financial responsibility with or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition on _____, 19____ and further certify that all other statements are true and correct. There has been no material change in the applicants financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially

unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	DATE	BY (<i>Signature of authorized official</i>)
		TITLE